## **STATEMENT OF**

FORM 1	ORGANI (See instr	_		Office use only
NAME OF COMMITTEE (in the community of the community	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
COUNCIL OF	CHOOL SUPERVISORS AND	ADMINISTRATORS LOCAL	1 AFSA AFL-CIC	) 
ADDRESS (number and s	treet) 16 COURT STRE	ET 4TH FLOOR		
(Check if addre			11111	
is changed)	BROOKLYN		NY L	11241 _ 1003
	422250	CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS lyc.org and/or Anita@csa-ny	rc ora		1
	, , , , , , , , , , , , , , , , , , ,	<u> </u>		<del></del>
سسسط				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
COMMITTEE'S FAX N	UMBER			
نيا لينا				
2. DATE 0.8	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00355818		
4. IS THIS STATEM	ENT NEW (N) O	R X AMENDED (A)	_	
L certify that I have exami	ned this Statement and to the best of m	y knowledge and belief it is true, correct	and complete	
,		,	•	
Type or Print Name of	Treasurer Anita Gomez	Palacio		
Signature of Treasurer	Electronically Filed by Anita	Gomez Palacio	Date 09	28 / YYYYY 2006
NOTE: Submission of fal	·	n may subject the person signing this S	·	-
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,etc.) Party. or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY STATE ZII	P CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

COUNCIL	OF SCHOOL	SUPERVISORS	<b>ADMINISTRATORS</b>	LOCAL 1	AFSA AFI	-CIO

possession of Committee b	tify by name, address, (phone numbe ooks and records.	er optional), and position of th	e person in										
Full Name													
Mailing Address													
Title or Position ♥	CITY A	STATE	ZIP CODE A										
		Telephone number											
Treasurer: List the name a name and address of any d	nd address (phone number optiona esignated agent (e.g., assistant treas	l) of the treasurer of the commiurer).	ttee; and the										
Full Name of Treasurer ANITA G	OMEZ- PALACIO												
Mailing Address	16 COURT STREET 4TH FLOOR												
Mailing Address													
Maining Address	BROOKLYN	NY	11241 _ 1003										
Title or Position ♥	BROOKLYN CITY A	NYSTATE	11241 _ 1003 ZIP CODE ▲										
	CITY A		ZIP CODE ▲										
Title or Position ♥	CITY A	STATE A	ZIP CODE ▲										
Title or Position ▼  TREASURE  Full Name of Designated	CITY A	STATE A	ZIP CODE ▲										
Title or Position ▼  TREASURE  Full Name of Designated Agent	CITY A	STATE A	ZIP CODE A										
Title or Position ▼  TREASURE  Full Name of Designated Agent	CITY A	STATE A	ZIP CODE A										

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9.	safety deposit box	Inks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts fety deposit boxes or maintains funds.  Imperior Bank, Depository, etc.															S, I	ren	ts																			
	Mailing Address				<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	1						<u> </u>	<u></u>	<u></u>	<u></u>	 													<u> </u>	<u></u>	<u></u>		 
	Mailing Address																																		<u></u>			
									1				CI	TY					1		 			SI	ΓΑΊ	E,	<b>△</b>			1	Z	ΊΡ	C	_ DD				